

DELIVERY CERTIFICATION FORM

I hereby acknowledge that the following medical equipment was delivered and set-up in my home—

Item: _____

Manufacturer Name & Serial Number: _____

New or Refurbished: _____

Safety precautions (including fire and safety) have been explained:

_____ NO _____ YES

Equipment usage, care, maintenance, and trouble-shooting has been explained:

_____ NO _____ YES

Courteous and efficient service has been provided:

_____ NO _____ YES

Information relative to obtaining emergency services has been provided:

_____ NO _____ YES

The Contractor has provided me with a packet pertaining to product use information, warranty provisions, and the manufacturer's address and telephone number:

_____ NO _____ YES

Comments: _____

Print VA Beneficiary's Name: _____ SSN (Last 4 only): _____

Signature of VA Beneficiary/Caregiver: _____

Date of Home Visit: _____

Print DME Delivery Person's Name: _____

Signature of DME Delivery Person: _____

Purchase Order Number: _____

Note to DME Contractor: Attach a copy of the completed form to the invoice and submit to the Louis A. Johnson VAMC Prosthetic & Sensory Aids Department.